

## ARKANSAS ADMINISTRATIVE STATEWIDE INFORMATION SYSTEM

### REQUEST FOR REIMBURSEMENT (Higher Education Only)

**Date:**  **Internal:**  **Business Area:**

Institution Contact: Phone #:

Agency Vendor Number: Payment Method (A or W):

**Bank Account:**  **Bank Routing:**

**Bank Control Key:**   **House Bank: TREAS**

**Payment Term:** 0001 **Tax on Sale/PC:** PO

G/L Account	Cost Center	Amount
<b>TOTAL AMOUNT</b>		<b>0.00</b>

Cash Cost Center:  Treasury Fund:

**Agency Disbursing Officer Authorization to: The Auditor of State**

**As the bonded disbursing officer, or his authorized agent, of the State Agency, I certify that all of the original papers and detail supporting evidence for this account are on file in this agency for audit purposes.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Telephone:**  **Fax:**

**DFA OFFICE OF ACCOUNTING USE ONLY:**

<b>AASIS Document No.</b>	<b>AASIS Refund Doc. No:</b>
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**Warrant No.**

**DFA Office of Accounting Authorization:** \_\_\_\_\_ **Date:** \_\_\_\_\_